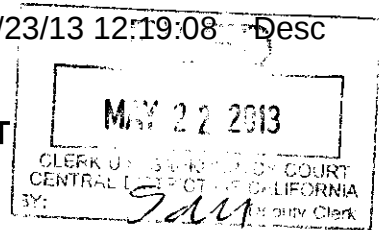


UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA



Filer's Name: ELBA RODRIGUEZ Atty Name (if applicable): \_\_\_\_\_  
Street Address: 659 S PENDRITH DR CA Bar No. (if applicable): \_\_\_\_\_  
LOS ANGELES, CA 90023 Atty Fax No. (if applicable): \_\_\_\_\_  
Filer's Telephone No.: 562 964-6601

In re:  
ELBA RODRIGUEZ

Case No.: 2: 13 -BK17484-ER  
Chapter 7 ☒ 11 \_\_\_\_\_ 13 \_\_\_\_\_

**AMENDED SCHEDULE(S) AND/OR STATEMENT(S)**

A filing fee of \$30.00 is required to amend any or all of Schedules "D" through "F." An addendum mailing list is also required as an attachment if creditors are being added to the creditors list. Is/are creditor(s) being added? Yes ☒ No \_\_\_\_\_

Indicate below which schedule(s) and/or statement(s) is(are) being amended.

A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D ☒ E \_\_\_\_\_ F \_\_\_\_\_ G \_\_\_\_\_ H \_\_\_\_\_ I ☒ J ☒

Statement of Social Security Number(s) \_\_\_\_\_ Statement of Financial Affairs \_\_\_\_\_

Statement of Intention \_\_\_\_\_ Other \_\_\_\_\_

**NOTE:** IT IS THE RESPONSIBILITY OF THE DEBTOR TO MAIL COPIES OF ALL AMENDMENTS TO THE TRUSTEE AND TO NOTICE ALL CREDITORS LISTED IN THE AMENDED SCHEDULE(S) AND TO COMPLETE AND FILE WITH THE COURT THE PROOF OF SERVICE ON THE BACK OF THIS PAGE.

I/We, ELBA RODRIGUEZ, the person(s) who subscribed to the foregoing Amended Schedule(s) and/or Statement(s) do hereby declare under penalty of perjury that the foregoing is true and correct.

DATED: 05/20/2013

\_\_\_\_\_  
Debtor Signature

\_\_\_\_\_  
Co-Debtor Signature

**\*\*FOR COURT USE ONLY\*\***

**\*SEE REVERSE SIDE\***

**PROOF OF SERVICE**

I hereby certify that a copy of the Amendment(s) was(were) mailed to the Trustee and that notice was given to the additional creditors listed.

DATED: 05/23/2013

Elba Rodriguez  
Print or Type Name

Elba Rodriguez  
Signature

(SEE ATTACHED MAILING LIST.)

6D (Official Form 6D) (12/07)

In re ELBA RODRIGUEZ  
Debtor

Case No. 2:13-bk-17484-ER  
(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. ENDING 6950			LINE OF CREDIT					
BANK OF AMERICA P.O. BOX 515504 LOS ANGELES, CA 90051		W	Residential Prope 661 S. Pendrith Dr La, Ca. 90023		X		154,212.00	
			VALUE \$ 250,000.00					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
Subtotal ► (Total of this page)							\$ 154,212.00	\$
Total ► (Use only on last page)							\$ 154,212.00	\$

continuation sheets  
attached

(Report also on Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

6D (Official Form 6D) (12/07) - Cont.

2

In re ELBA RODRIGUEZ, Case No. \_\_\_\_\_  
Debtor (if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
ACCOUNT NO.								
			VALUE \$					
Subtotal (s) ▶ (Total(s) of this page)							\$	\$
Total(s) ▶ (Use only on last page)							\$	\$

Sheet no. \_\_\_\_\_ of \_\_\_\_\_ continuation  
sheets attached to Schedule of  
Creditors Holding Secured  
Claims

(Report also on  
Summary of Schedules.)

(If applicable,  
report also on  
Statistical Summary  
of Certain  
Liabilities and  
Related Data.)

B61 (Official Form 61) (12/07)

In re ELBA RODRIGUEZ,  
Debtor

Case No. 2:13-BK-17484-er  
(if known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <b>MARRIE</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>NONE</b>	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation <b>SECRETARY</b>		
Name of Employer <b>LAUSD</b>		
How long employed <b>32 YEARS</b>		
Address of Employer <b>115 BEADRY AVE LOS ANGELES, CA 90012</b>		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ <u>2,688.00</u>	\$ _____
2. Estimate monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ <u>2,688.00</u>	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <u>379.00</u>	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (Specify): <u>GARNISHMENT</u>	\$ <u>614.00</u>	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>993.00</u>	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>1,695.00</u>	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ <u>1,000.00</u>	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social security or government assistance (Specify): _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify): _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <u>2,695.00</u>	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)	\$ _____	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ <u>2,695.00</u>	\$ _____

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re ELBA RODRIGUEZ,  
Debtor

Case No. 2:13bk17484-ER  
(if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>1,104.00</u>
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ <u>200.00</u>
b. Water and sewer	\$ <u>100.00</u>
c. Telephone	\$ <u>100.00</u>
d. Other _____	\$ _____
3. Home maintenance (repairs and upkeep)	\$ <u>400.00</u>
4. Food	\$ _____
5. Clothing	\$ _____
6. Laundry and dry cleaning	\$ <u>60.00</u>
7. Medical and dental expenses	\$ <u>200.00</u>
8. Transportation (not including car payments)	\$ <u>200.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>0.00</u>
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ <u>100.00</u>
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$ _____
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
c. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>685.74</u>
17. Other <u>LINE OF CREDIT</u>	\$ _____
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	<b>\$ <u>2,949.74</u></b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	

### 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ <u>2,695.00</u>
b. Average monthly expenses from Line 18 above	\$ <u>2,949.74</u>
c. Monthly net income (a. minus b.)	\$ <u>-454.74</u>

ELBA RODRIGUEZ  
661 S PENDRITH DR.  
Los Angeles, CA 90023

BANK OF AMERICA  
4161 PIEMONT PKWY  
Greensboro, NC 27410

BANK OF AMERIKA  
P.O. BOX 982235  
El Paso, TX 79998

CACH LLC/COLLECT AMERICA  
4340 S MONACO  
Denver, CO 80237

CITYBANK NA  
1000 TECHONOLOGY MS ~~504 A~~  
O Fallon, MO 63368

Bank of America  
P.O. BOX 515504  
Los Angeles, Ca. 90051